

Nolan James Fulcher

PLAINTIFF/PETITIONER/MOVANT'S NAME

T-38393

PRISON NUMBER

C.R.C. 306-361

PLACE OF CONFINEMENT

P.O. Box 3535Norco, CA 92860-0991

ADDRESS

2054	✓	1983
FILING FEE PAID		
Yes	✓	No
IF MOTION FILED		
Yes	✓	No
COPIES SENT TO		
Court	✓	Press

<b>FILED</b>
JUL - 7 2008
CLERK, U.S. DISTRICT COURT SOUTHERN DISTRICT OF CALIFORNIA BY <u>RIM</u> DEPUTY

**United States District Court  
Southern District Of California**

Nolan James Fulcher

Plaintiff/Petitioner/Movant

v.

The People of The State of  
California

Defendant/Respondent

Civil No.

**'08 CV 1213 H AIB**

(TO BE FILLED IN BY U.S. DISTRICT COURT CLERK)

**MOTION AND DECLARATION UNDER  
PENALTY OF PERJURY IN SUPPORT  
OF MOTION TO PROCEED IN FORMA  
PAUPERIS**

I, Nolan James Fulcher

declare that I am the Plaintiff/Petitioner/Movant in this case. In support of my request to proceed without prepayment of fees or security under 28 U.S.C. § 1915, I further declare I am unable to pay the fees of this proceeding or give security because of my poverty, and that I believe I am entitled to redress.

**In further support of this application, I answer the following question under penalty of perjury:**

1. Are you currently incarcerated? ☒ Yes ☐ No (If "No" go to question 2)

If "Yes," state the place of your incarceration California Rehabilitation Center (C.R.C.)

Are you employed at the institution? ☐ Yes ☒ No

Do you receive any payment from the institution? ☐ Yes ☒ No

[Have the institution fill out the Certificate portion of this affidavit and attach a certified copy of the trust account statement from the institution of your incarceration showing at least the last six months transactions.]

2. Are you currently employed? ☐ Yes ☒ No

a. If the answer is "Yes," state the amount of your take-home salary or wages and pay period and give the name and address of your employer. \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

b. If the answer is "No" state the date of your last employment, the amount of your take-home salary or wages and pay period and the name and address of your last employer. I don't remember!

I think it was 1987, \$18,000<sup>00</sup> a year, and the name was  
San Jose Mercury News, San Jose, California.

3. In the past twelve months have you received any money from any of the following sources?:

- |   |   |
|---|---|
| a. Business, profession or other self-employment  | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| b. Rent payments, royalties interest or dividends | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| c. Pensions, annuities or life insurance          | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| d. Disability or workers compensation             | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| e. Social Security, disability or other welfare   | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| e. Gifts or inheritances                          | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| f. Spousal or child support                       | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| g. Any other sources                              | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |

If the answer to any of the above is "Yes" describe each source and state the amount received and what you expect you will continue to receive each month. \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

4. Do you have any checking account(s)? ☐ Yes ☒ No

a. Name(s) and address(es) of bank(s): \_\_\_\_\_

b. Present balance in account(s): \_\_\_\_\_

5. Do you have any savings/IRA/money market/CDS' separate from checking accounts? ☐ Yes ☒ No

a. Name(s) and address(es) of bank(s): \_\_\_\_\_

b. Present balance in account(s): \_\_\_\_\_

6. Do you own an automobile or other motor vehicle? ☐ Yes ☒ No

a. Make: \_\_\_\_\_ Year: \_\_\_\_\_ Model: \_\_\_\_\_

b. Is it financed? ☐ Yes ☐ No

c. If so, what is the amount owed? \_\_\_\_\_

If you are a **prisoner** you must have an officer from your institution provide this official certificate as to the amount of money in your prison account. There are no exceptions to this requirement.

### PRISON CERTIFICATE

(Incarcerated applicants only)

(To be completed by the institution of incarceration)

I certify that the applicant NOLAN James Fulcher  
(NAME OF INMATE)

T38393  
(INMATE'S CDC NUMBER)

has the sum of \$ 0 on account to his/her credit at CALIFORNIA REHABILITATION  
(NAME OF INSTITUTION)

I further certify that the applicant has the following securities 0

to his/her credit according to the records of the aforementioned institution. I further certify that **during**

**the past six months** the applicant's *average monthly balance* was \$ 0

and the *average monthly deposits* to the applicant's account was \$ 0

ALL PRISONERS **MUST** ATTACH A CERTIFIED COPY OF THEIR TRUST ACCOUNT  
STATEMENT SHOWING TRANSACTIONS FOR THE SIX-MONTH PERIOD  
IMMEDIATELY PRECEDING THE FILING OF THE COMPLAINT PER 28 U.S.C. § 1915(a)(2).

6/27/08

DATE

Cindy Samano  
SIGNATURE OF AUTHORIZED OFFICER OF INSTITUTION

CINDY SAMANO  
OFFICER'S FULL NAME (PRINTED)

Account Supervisor  
OFFICER'S TITLE/RANK

**TRUST ACCOUNT WITHDRAWAL AUTHORIZATION**  
**(Incarcerated applicants only)**

(This form **MUST** be completed by the prisoner requesting to proceed in forma pauperis. An incomplete "Trust Account Withdrawal Authorization Form," or "Prison Certificate" will result in automatic denial of the prisoner's request to proceed in forma pauperis.)

I, Nolan James Fulcher, request and authorize the agency holding me in  
(Name of Prisoner/ CDC No.)  
custody to prepare for the Clerk of the United States District Court for the Southern District of California, a  
certified copy of the statement for the past six months of my trust fund account (or institutional equivalent)  
activity at the institution where I am incarcerated.

I further request and authorize the agency holding me in custody to calculate and disburse funds from my  
trust fund account (or institutional equivalent) pursuant to any future orders issued by the Court relating to  
this civil action pursuant to the Prison Litigation Reform Act of 1995, Pub. L. No. 104-134, Title VIII, §§ 801-  
10, 110 Stat. 1321 (1996).

This authorization is furnished in connection with a civil action filed in the Southern District of California,  
and I understand that, pursuant to 28 U.S.C. §§ 1914 and 1915(b)(1), the total amount of filing fees for which  
I am obligated is either ☐ \$250 (civil complaint) or ☒ \$5 (habeas corpus petition) (check one). I also  
understand that this fee will be debited from my account regardless of the outcome of this action. This  
authorization shall apply to any other agency into whose custody I may be transferred.

6-12-08

DATE

Nolan J. Fulcher

SIGNATURE OF PRISONER



REPORT ID: TS3030 .701

REPORT DATE: 06/27/08  
PAGE NO: 1

## CALIFORNIA DEPARTMENT OF CORRECTIONS

CALIF. REHABILITATION CENTER  
INMATE TRUST ACCOUNTING SYSTEM  
INMATE TRUST ACCOUNT STATEMENT

FOR THE PERIOD: DEC. 01, 2007 THRU JUN. 27, 2008

ACCOUNT NUMBER : T38393

BED/CELL NUMBER: 3 060000000036L

ACCOUNT NAME : FULCHER, NOLAN JAMES

ACCOUNT TYPE: I

PRIVILEGE GROUP: A

## TRUST ACCOUNT ACTIVITY

&lt;&lt; NO ACCOUNT ACTIVITY FOR THIS PERIOD &gt;&gt;

## CURRENT HOLDS IN EFFECT

DATE PLACED	HOLD CODE	DESCRIPTION	COMMENT	HOLD AMOUNT
09/17/2007	H110	COPIES HOLD	COPIES0841	0.44

## TRUST ACCOUNT SUMMARY

BEGINNING BALANCE	TOTAL DEPOSITS	TOTAL WITHDRAWALS	CURRENT BALANCE	HOLDS BALANCE	TRANSACTIONS TO BE POSTED
0.00	0.00	0.00	0.00	0.44	0.00

CURRENT  
AVAILABLE  
BALANCE

0.44

THE FOLLOWING IS A TRUE AND CORRECT  
COPY OF THE TRUST ACCOUNT STATEMENT  
BY THE OFFICE

ATTEST:

CALIFORNIA DEPARTMENT OF CORRECTIONS

BY Cindy Sama

TRUST OFFICER

PRINTED IN U.S.A.

FORM 1411-2G-0